



COMMONWEALTH OF MASSACHUSETTS

TOWN OF ABINGTON

INSPECTIONAL SERVICES

500 GLINIEWICZ WAY

ABINGTON, MA 02351

TEL: 781-982-2105

PERMIT NO.

FEE:

PAID BY:

☐ CASH ☐ CHECK

APPLICATION FOR BUILDING PERMIT

Signature of Treasurer/Collector's Office (approval required): _____

Signature of Conservation Commission (approval required for sheds and pools): _____

TO THE INSPECTOR OF BUILDINGS:

The undersigned hereby applies for a permit to:

Date....., 20.....

- | | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | INSTALL SIDING |
| <input type="checkbox"/> | INSTALL ROOFING |
| <input type="checkbox"/> | INSTALL REPLACEMENT WINDOWS |
| <input type="checkbox"/> | REMODEL KITCHEN OR BATH |
| <input type="checkbox"/> | INSTALL SHED |
| <input type="checkbox"/> | ABOVE-GROUND OR INGROUND POOL |

CSL LICENSE #:

HIC REG.#:

1. Address of Proposed Work: _____

2. Owner of Property: _____ Tel: _____

Address of Owner: _____

3. Name of Contractor: _____ Tel: _____

Address of Contractor: _____

4. For what purpose is the building or structure used or to be used?

- ☐ Single Family ☐ 2 Family ☐ Multi-Family ☐ Garage ☐ Factory ☐ Business
☐ Assembly ☐ Institution ☐ Other _____

5. Description of work to be performed: _____

6. Value of Proposed Project: _____ \$

Fee must accompany applications and plans must be submitted with applications (including plot plan if applicable).

All permits must be obtained before commencing work of any kind, including wiring, plumbing, gas fitting, earth removal or: _____

All inspections must be made, approved and occupancy permit obtained before the building (or pool) is occupied.

I agree to notify the Inspectors when the building or structure is ready for each inspection and to obtain approval before any work will be concealed. I also hereby agree that all of the proposed work shall be done in strict compliance with the Zoning By-Laws, Massachusetts State Building Code, Board of Health Regulations or the requirements of any other Town Department as necessary.

Signature of owner or authorized representative in charge of work: _____

Address: _____

Approval by Building Official: _____ Date: _____